

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/600,342</td> </tr> <tr> <td>Filing Date</td> <td>03/12/2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Andrew J. Calver</td> </tr> <tr> <td>Title</td> <td>Cargo Sensing System</td> </tr> <tr> <td>Art Unit</td> <td>2624</td> </tr> <tr> <td>Examiner Name</td> <td>David Rashid</td> </tr> <tr> <td>Attorney Docket Number</td> <td>15276-66</td> </tr> </table>	Application Number	10/600,342	Filing Date	03/12/2004	First Named Inventor	Andrew J. Calver	Title	Cargo Sensing System	Art Unit	2624	Examiner Name	David Rashid	Attorney Docket Number	15276-66
Application Number	10/600,342														
Filing Date	03/12/2004														
First Named Inventor	Andrew J. Calver														
Title	Cargo Sensing System														
Art Unit	2624														
Examiner Name	David Rashid														
Attorney Docket Number	15276-66														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

28221

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

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OR

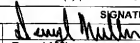
<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE OF Applicant or Assignee of Record			
Signature		Date	2/4/2010
Name	Darryl Miller	Telephone	
Title and Company	Chief Operating Officer, Asset Intelligence, LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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